



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Guidance for Applicants

Out of Programme (OOP) and Trainee Selected Components (TSCs)

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1 Summary

- Trainees may only count a maximum of 12 months arising from a combination of Out of Programme Training (OOPT) and Out of Programme Research (OOPR) – not exceeding 6 months for research.
- TSC applications are managed using the OOPT process.
- The College keeps a list of TSCs with continuous recognition. A prospectus is required from units wishing to apply for continuous approval and have their TSC added to the College-approved list.
- Approval for TSCs already on the list is automatically extended until the implementation date of the new curriculum. A new application is required only where there are significant timetable or supervisor changes.
- A College approval letter is provided to trainees wishing to undertake periods of focused training or research to be used towards their CCT or CESR(CP) award, namely:
 - Ad hoc TSCs without continuous recognition
 - OOPT/R either in the UK (even if part of a GMC-approved Training Programme) or overseas
- TSCs with continuous recognition may be undertaken by trainees from different regions without the need for additional College approval.
- GMC approval for TSCs/OOPT/OOPR is **not** required if posts are in prospectively [approved locations](#).
- Applicants should allow a minimum of **3 months** for the College to approve TSCs/OOPs before the start date.
- Trainees are expected to produce a TSC report at the end of the period of training. This is for the exclusive benefit of local teams to inform TPDs of the outcomes and allow them to plan for future special interest training places.
- OOPT/R reports should be copied to the College as this will inform future approval decisions.

2 Introduction

The GMC-approved Ophthalmic Specialty Training (OST) curriculum includes the provision for trainees to undertake a period of focussed training in one topic, commonly known as Trainee Selected Component (TSC). This guideline document describes the nature of TSCs. It offers guidance regarding the aims, content and organisation of such posts. It does not constitute a strict curriculum, but it is expected that there should be good reasons for any post to deviate from it to a significant degree.

3 TSC groups

The Curriculum divides TSCs into two groups, A and B.

Group A

Group A TSCs will be suited to those interested in learning about Clinical Governance, Educational Principles and Practice, Epidemiology, Healthcare Management, Primary Care,

Public Health, Research and the like. At the discretion of the Deanery and the Specialty Training Committee (STC), it may be possible for a Type A TSC to be taken as a 'thin strip' part-time throughout training. It will normally be expected that a trainee undertaking a Group A TSC will be working to some higher qualification. If not taken as a 'thin strip' then it would be expected for the TSC to be taken after all core curricular requirements and training have been completed and the Part 2 FRCOphth passed. College approval is required before a Group A TSC can be undertaken. As OST is expected to take most trainees approximately seven years, a Group A TSC would only be undertaken in the latter part of year 6 or first part of year 7. The trainee will be expected to come back into programme to complete the rest of the year 7 curricular requirements.

Group B

Group B TSCs provide a high standard of training in a relatively specialised area of ophthalmology, typically one of the following special interest areas: Acute Services, Cornea/External Eye, Glaucoma, Medical Retina, Motility & Strabismus, Neuro-ophthalmology, Ophthalmic Oncology, Oculoplastics, (+/- Lacrimal and Orbital Diseases), Paediatric Ophthalmology, Refractive Surgery and Surgical Retina. They should generally be taken *en bloc*, and only when the core curricular requirements and training have been completed and the Part 2 FRCOphth passed. As OST is expected to take most trainees approximately seven years, a Group B TSC would only be undertaken in the latter part of year 6 or first part of year 7. The trainee will be expected to come back into programme to complete the rest of the year 7 curricular requirements.

4 Who should provide a TSC?

Any programme can provide TSCs; however, a trainee does not have a right to insist on their Deanery providing a TSC in a specific area of practice. TSC placements should be offered first to internal trainees on the local OST programme. If no local trainee is appointed, the post could be advertised as available to senior OST trainees from other Deaneries. The development of TSCs and placements must not detract from the provision of core training for the remaining trainees in the rotation. When assessing a TSC timetable, the College will look carefully at the number of core trainees in any clinical session as well as fellows that are on a non-College approved programme. A TSC may be undertaken in the UK or abroad. If a trainee wishes to take a TSC out-of-programme (OOPT) overseas, this needs to be planned prospectively with permission and approval from the Deanery, assessment of the proposals by the Evaluation of Training Sub-committee of the RCOphth, and formal approval by the GMC (see section below on approval). Financial administration of TSCs is a matter for the Deanery to agree with the trainee.

What is the purpose of TSCs?

TSCs should provide detailed in-depth training and experience in one area of ophthalmology. The TSC should build upon the knowledge, understanding, skills and attitudes developed during OST. The function of a TSC is to provide a deeper understanding of the defined special interest area, thereby facilitating the development of knowledge and expertise in that subject, which will allow the trainee to move on to accredited special interest training post CCT.

Who is eligible for TSCs?

Undertaking a TSC should be the norm for a trainee, subject to the trainee meeting the guidance requirements. If a trainee has had an unfavourable ARCP outcome (outcome 2, 3 or 5) at any stage in their training, and especially one that has required an additional period of training (outcome 3), the TPD has the right to refuse a TSC. A TSC forms part of OST and as such should be a minimum 6 months – 12-months TSCs are also possible. This document should therefore be read in conjunction with the RCOphth [Curriculum for OST](#) and the [RCOphth Guide for the Delivery of OST](#).

The TPD should always be satisfied that the trainee is well through the OST curriculum, and the FRCOphth Part 2 examination passed, before giving approval for the undertaking of a Group B TSC, or a Group A TSC as a ‘thin strip’.

Multiple TSCs

Trainees will normally undertake only one TSC – either a Type A or a Type B – but it could only be both if the total time for the TSC does not exceed 12 months. Similarly, it would be possible for a trainee to undertake two different clinical Type B TSCs if the total time for the TSC does not exceed 12 months. Any proposal for an exception to this guidance would require the full support of the Deanery and would need to be considered by the Evaluation of Training Subcommittee of the College, who would make the final recommendation.

The TSC prospectus

The supervisor should provide a TSC prospectus. This should include the aims and objectives of the TSC. The aim is a one-statement, general overview of what the TSC is hoping to achieve. The objectives are the learning outcomes. These are a series of specific statements which detail what additional knowledge, skills and experience the trainee will be expected to acquire. These objectives will provide a way of assessing the trainee’s performance during the TSC. This assessment could also help provide career advice if the trainee plans to undertake post-CCT special interest training. The prospectus should state what prior competencies are expected of the applicant, namely the completion of the core curricular requirements and the Final FRCOphth.

The duration of a Group B TSC should be a minimum of 6 months. 12-months TSCs are also possible.

The prospectus should include a proposed timetable. As the TSC is intended to give an immersion in a subject, the usual restrictions on timetabled sessions do not apply. The components of a TSC timetable can be varied to provide the best possible learning environment. They can include theatre sessions, specialist clinics, research clinics and research sessions. The timetable may include up to 8 clinical sessions. A TSC may include at least one general operating session and one general clinic per week to allow the trainee to maintain their general skills if this does not detract from the educational outcomes of the post. Should a TSC be completely non-surgical, the TPD should ensure that after the TSC there is adequate time for the trainee to refresh their clinical and surgical skills to an appropriate level before attempting independent practice. This is of particular relevance when the TSC is

undertaken very close to the CCT date. The emphasis in a TSC is upon selected experience and not service.

Assessment should ideally be in the workplace and should test the objectives listed in the prospectus. If not specified in a prospectus, learning outcomes for a TSC should be agreed between the educational supervisor and the trainee before the TSC commences, appraised regularly during the training and reviewed at each ARCP.

A TSC incorporates the advantages of structured training and apprenticeship, aimed at achieving extra learning outcomes. The following should therefore be provided for the trainee:

- a) Concentrated exposure to the diagnosis and management of a wide variety of appropriate cases. This will require regular, frequent attendance at special clinics and operating/treatment sessions.
- b) The opportunity to discuss at length the principles and details of the management of these cases.
- c) The opportunity, by discussion and by example, to refine his/her skills in explaining and discussing the nature of the relevant disease processes and the possible treatments to patients in a clear, comprehensible manner.
- d) The opportunity to liaise with members of appropriate allied specialties both within and without ophthalmology.
- e) The opportunity to play an evolving role in the active care of these patients, so that by the end of the TSC many cases in that area of practice can be handled independently.
- f) The opportunity to engage in audit/quality improvement and/or research projects during the TSC.
- g) The opportunity to attend and take part in specialist meetings at a local, regional, national and (ideally) an international level.
- h) The opportunity to take an active part in the teaching of the subject to other trainees, and members of allied professions.

Approval of TSCs for individual trainees

Any proposed TSC must have the complete prospective agreement of the Deanery and the Deanery's STC for Ophthalmology / School of Ophthalmology. For the TSC to count towards CCT prospective agreement from the College is needed as indicated in the following paragraphs.

Composition of TSCs

Each training unit offering a TSC should develop its own programme for that TSC, working out how best to deliver the learning outcomes listed above in the circumstances of that unit without compromising the training opportunities for the other trainees in the unit. It is anticipated that most TSCs will aim to provide comprehensive training and experience within a specific area of practice. It is understood, however, that some TSCs may be designed to

cover a specific area of practice in increased detail (e.g. corneal grafting, rather than the whole of cornea and external diseases). It is essential that the TSC prospectus makes the aims and objectives of that post clear to all concerned. The Deanery website would be an ideal place for the details of TSCs to be published.

The unit is expected to inform the Evaluation of Training Sub-committee of any major changes in the unit that might lead to the aims of the TSC no longer being deliverable.

Appraisal and Assessment

It is anticipated that the objectives of the TSC will already have been established. These provide the basis for assessment throughout the TSC. Should the TSC be a variation, or indeed a brand new TSC, then the trainer(s) and trainee should meet well in advance of the commencement of the TSC to agree the aims and objectives of the post in some detail. These should be based on the present document. Meetings should continue periodically throughout the duration of the TSC to allow the review of progress against these aims.

Where appropriate, generic forms from the OST Curriculum (e.g. DOPS, OSATS, CbD) may be used to facilitate and to help to document the assessment of the trainee.

Trainees are expected to produce a report at the end of their TSC to indicate whether the aims and objectives as documented in the initial application have been met. Reports should be shared with the local team, rather than the College, as TPDs need to evaluate the outcomes to be able to plan for future special interest training places.

There is currently no intention to impose further formal examinations, nor is there any current mechanism to award a formal diploma or credential.